

Form CAFC713 – Voluntary Dismissal of Petition or Motion

THIS MOTION WILL NOT DISMISS ANY MOTIONS OR PETITIONS FILED BY ANOTHER PARTY.

In what Missouri county is this case pending?

In the Circuit Court of _____, MISSOURI

What is the case number in the pending case?

Case Number

Division Number

Petition or Motion filed with the Court

Enter the petition or motion filed with the Court to be dismissed.

Your Information

1. My full name is:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

2. ☐ I am the Petitioner/Plaintiff in this case.
☐ I am the Respondent/Defendant in this case.
☐ I am a third party in this case.
☐ Others (Please specify) _____

3. My mailing address is:

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(E-mail Address)

Other Party's Information

4. The full name of the other party in this case is:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

You must send a separate copy of this form to every party to this case.

I Wish to Inform the
Court That

YOU MUST CHECK ALL THREE BOXES TO COMPLETE THIS FORM

- ☐ I am no longer asking this Court to make a decision on the petition or motion identified above.
- ☐ I understand that dismissing my petition or motion will not dismiss any motions or petitions filed by another party in this matter.

If you are unsure about your rights and responsibilities in connection with the filing of this document, please consult an attorney.

- ☐ I understand that I may still be required to pay any mandatory filing fees or court costs assessed by the Court.

Proof of Service on
Other Party

I certify under oath that I have given _____ a copy of this Voluntary Dismissal of Petition pursuant to Supreme Court Rule 43.01(c) by:
(You MUST check at least **ONE** of the following four boxes)

- ☐ Mailing a copy to the other party or his or her attorney on

_____ (Date) at the following address:

(Street)

(City)

(State)

(Zip)

- ☐ Handing a copy to the other party or his or her attorney on
_____ (Date).

- ☐ Sending a copy to the other party or his or her attorney by fax to
_____ (Fax Number) on _____ (Date)
at _____ (Time).

- ☐ Sending a copy via electronic mail to the other party or his or her attorney at _____ (E-mail Address) on
_____ (Date).

Sign Here

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.



Affiant – SIGN HERE

Affiant – PRINT YOUR NAME HERE